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LGBTQ+ Health—a Novel Course for Undergraduate Students

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Abstract

The concept of providing focused, competency-based LGBTQ+ health education outside the setting of health professional programs, specifically for undergraduates, is quite uncharted. However, the issue at the core of our rationale is one shared by those with and without clinical exposure: how to best support the development of cultural competence in providers who are or will be caring for LGBTQ+ patients. Traditional health professional education programs have enacted a number of curricular initiatives in this regard, designed for advanced learners. By focusing specifically on the undifferentiated learner, we offer a new perspective on the timing of LGBTQ+ health-related education. Our course is not intended to supplant the critical learning and application that must occur in the clinic or hospital room. Rather, we present a framework for cultivating understanding of the healthcare issues faced by the LGBTQ+ community that may help a learner to acquire and apply skills subsequently with greater cultural competence.

Keywords Medical education · LGBT · LGBTQ+ · Health professions · Undergraduate

Introduction

Education regarding the care of lesbian, gay, bisexual, transgender, and gender non-binary (LGBTQ+) patients is evolving. In recognition of the persistent health and healthcare disparities faced by members of the LGBTQ+ community, the Association of American Medical Colleges (AAMC) has asserted that “All health care providers must learn to address the specific health care needs of these populations, and health care institutions must promote a climate that supports, values, and includes individuals in these populations.” [1]. Despite innovations in curriculum design and an increased emphasis on holistic, patient-centered care, content specific to the care of LGBTQ+ patient remains limited in time and variable in perceived quality [2]. The AAMC Advisory Committee on

Sexual Orientation, Gender Identity, and Sex Development has developed a sentinel document addressing the climatic and curricular elements of LGBTQ+ education as a means of improving patient care [1]. Although the proposed framework is comprehensive and bolstered by readily accessed peer-reviewed teaching resources from the AAMC’s MedEdPORTAL collection [3–5], the timing and method of implementation for optimal learner gain are uncertain.

Medical schools and additional health professional schools have attempted a variety of methods for incorporating LGBTQ+ health content, in the way of elective experiences, didactic series, discussion sessions, and retreats [2, 6–13]. Barriers on the part of the educator, whether real (lack of allotted instructional time) or perceived (lack of content relevance), remain a limiting factor [14]. An additional barrier to improving LGBTQ+ health education, albeit less frequently considered, may occur at the level of the learner. The documented decline in medical students’ empathy during the course of their time is likely multifactorial, with the potential consequence of eroding the capacity for compassion and for a patient-centered mentality [15, 16]. This unfortunate phenomenon is certainly not limited to the care of LGBTQ+ patients, but in the context of the previously cited barriers prompts a compelling question: would there be a benefit from introducing learners to the concepts of LGBTQ+ health at an earlier stage of education development, during their undergraduate training?

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As a first step in answering this question, we developed “LGBTQ+ Health” as an elective course for undergraduate students at our institution. The curriculum for the course was structured around the provider competencies outlined in the AAMC’s document [1]. To our knowledge, there are no previously reported curricula for undergraduates that address LGBTQ+ health through a competency-based framework. As such, the design of our course reflects our primary aim of meaningfully engaging learners who had not previously experienced the subject matter or the competency-based approach to developing understanding of its key aspects.

Course Design

We designed “LGBTQ+ Health” as a single-semester elective course, offered through the Department of Biomedical Education and Anatomy, instructed by the two founding faculty members. The course was open to any undergraduate student, regardless of intended major, and without any prerequisite coursework. The broad definition of our learner group was deliberate, with the goal of maximizing the experience for the participants through diversity of their backgrounds and areas of study. The total duration of the course was fourteen instructional weeks, with 3 h of in-class time per week, divided into two sessions (Tuesday and Thursday) of 90 min each.

Early during the development of the curriculum, we recognized that the comprehensive, sequential provider competencies outlined in the AAMC’s document [1] would require adaptation for the scope and setting of our course. We designated *Lesbian, Gay, Bisexual, and Transgender Healthcare, A Clinical Guide to Preventive, Primary, and Specialist Care*, edited by Kristin L. Eckstrand, M.D., and Jesse M. Ehrenfeld, M.D., as our course textbook, for its direct alignment with these competencies, and for its detailed but accessible approach toward the breadth of topics fundamental to the understanding of the care of LGBTQ+ patients [17]. This textbook provided a model for our course learning objectives (Table 1) and served as the primary source of foundational material for the sessions leading up to the midterm examination. We determined that the sessions following the midterm would build upon this background, but with a greater emphasis on application of the previous content. We selected a number of fictional and documentary films as learning resources as a means of further exploration and application of the content. These films were not intended to emulate or endorse actual healthcare practices, but to provide a vantage point and means of discussion of the health-related issues portrayed—whether in a positive or negative light—in their social and cultural context. These films were made available to students through our institution’s Secured Media Library, which restricted access to course enrollees, and maintained careful adherence to all pertinent copyright agreements. The final application

Table 1 Learning objectives for LGBTQ+ Health

After completing LGBTQ+ Health, all learners will demonstrate competence through their ability to:
• Recognize LGBTQ+ demographics and their appropriate characterization
• Discuss the historical and cultural context for, and possible solutions to, examples of ongoing healthcare disparities/ inequities suffered by LGBTQ+ populations
• Define and utilize culturally competent language in the setting of LGBTQ+ healthcare
• Distinguish appropriate from inappropriate techniques for communication about LGBTQ+ issues in the healthcare setting
• Discuss the impact of negative factors in the healthcare environment on LGBTQ+ patients, from the interpersonal level to the healthcare system-wide level
• Discuss the impact of intersectionality on the care of LGBTQ+ patients
• Identify aspects of health that are uniquely important to LGBTQ+ youth and to older LGBTQ+ adults
• Recognize the implications of the following topics with respect to LGBTQ+ populations and their care: mental health, substance use, intimate partner violence, sexual health, and sexually transmitted infections, including HIV
• Discuss the development of gender identity and expression in childhood and adolescence
• Identify appropriate medical and surgical approaches to gender affirming treatment
• Discuss the unique challenges and care considerations for patients affected by differences of sex development

component of the course took the form of interactive presentations by representatives of four extra-curricular organizations with differing levels and forms of involvement in the care of LGBTQ+ patients, namely, an LGBTQ+ youth counseling and advocacy center, a subsidiary of our city’s public health department, clinicians from a multidisciplinary clinic for treatment of children and adolescents born with differences of sex development, and an organization providing a spectrum of primary and specialty care services for the LGBTQ+ community.

Session Format

In order to cater to the learning objectives and key competencies (Table 1), the course sessions were constructed around weekly themes (Table 2). Learners were responsible for pre-reading/pre-viewing the specified learning resources, in preparation for a discussion-based session format. Two pre-assigned student leaders facilitated the discussions, during which emphasis was to be placed on critical appraisal rather than on synopsis of the text chapters or films. Discussion leaders were encouraged to confer with the faculty members to outline plans for the session. Our discussion-based model

Table 2 Detailed course session schedule for LGBTQ+ Health

Week	Theme	Specific session	Learning resources
1	LGBTQ+ Health 101	TUES: Overview, Safe-Space THURS: LGBTQ+ Demographics in Context	Text: Chapter 1, Appendices A, D Text: Chapters 2–4
2	The Life Continuum	TUES: LGBTQ+ Youth, Coming Out THURS: LGBTQ+ Populations and Aging	Text: Chapters 9,11 Text: Chapter 12
3	Fundamentals of Health, 1	TUES: The Medical History THURS: Intimate Partner Violence	Text: Chapter 6 Text: Chapter 10
4	Fundamentals of Health, 2	TUES: Mental Health THURS: Substance Use in LGBTQ+ Patients	Text: Chapter 13 Text: Chapter 13
5	An Approach to Sexual Health	TUES: Basics of Sexual Health THURS: HIV and AIDS	Text: Chapters 14–15, 25 Text: Chapters 14–15
6	Gender and Health	TUES: Transgender and Gender Nonconforming Health THURS: Therapies for Gender Affirmation	Text: Chapters 18–19 Text: Chapters 20–21
7	LGBTQ+ Health Policy	TUES: Domestic Policy and Legal Issues THURS: International LGBTQ+ Health	Text: Chapters 4, 24 Text: Chapter 22
8	Mid-Term	TUES: Instructor-Facilitated Review THURS: Midterm Examination	Previously assigned text chapters
9	Caring for LGBTQ+ Youth: Awareness and Advocacy	TUES: Film Discussion and Critique	“Beautiful Thing” “Get Real” <i>Kaleidoscope Youth Center</i> , Columbus OH
10	Caring for Special Populations: Older LGBTQ+ Patients, LGBTQ+ Patients in the Armed Forces	THURS: Guest Organization TUES: Film Discussion and Critique	“GenSilent” “Ask Not” <i>Columbus Public Health</i> , Columbus, OH
11	Caring for LGBTQ+ Patients with Cultural Competence	THURS: Guest Organization TUES: Film Discussion and Critique	“But I’m a Cheerleader” “Pariah”
12	Caring for Patients Born With Differences of Sex Development	THURS: Film Discussion and Critique TUES: Film Discussion and Critique	“The Adventures of Priscilla, Queen of the Desert” “TransAmerica” “XXY” “Intersexion”
13	Caring for Patients with HIV-AIDS	THURS: Guest Organization TUES: Guest Organization THURS: Film Discussion and Critique	<i>THRIVE Clinic</i> , Nationwide Children’s Hospital, Columbus, OH <i>Equitas Health</i> , Columbus, OH “And the Band Played On” “How to Survive a Plague”
14	Final	TUES: Instructor-Facilitated Review THURS: Final Examination	All previously assigned content

was supported by the high faculty to student ratio (two faculty to nine students), which enabled maximal learner contribution, with faculty input as needed to clarify challenging points, and to assure that the relevant learning objectives were being addressed along the discussion's trajectory. The exceptions to this model were the initial course meeting, which involved safe-space training and introductory didactic content presented by the two faculty leaders, the sessions with representatives from the extra-curricular organizations, and the review sessions for the midterm and final examinations.

One example of how the course objectives were accomplished can be seen in the topic of sexual health introduced in week 5 (Table 2). The class was given written materials and lecture-based learning to broach this important topic early in the course. Informal group discussions on sexual health continued throughout the sessions and were underscored in week 13 by community leaders visiting from Equitas Health, a local health system that supports the LGBTQ+ population. A final layer of learning utilized two films ("And the Band Plays On" and "How to Survive a Plague") to portray sexual health through a different lens. This mixed media and longitudinal approach enhanced learning throughout the course.

Learner Evaluation

Course grades were determined based on quality of participation, when acting as class discussion leader as well as when acting as discussion participant, and on the performance on course assessments. Given the lack of prerequisite health-related coursework or exposure to direct patient care, we determined that written assessments would be the best method for demonstrating competence. The first assessment was the midterm examination, composed of vignette-based multiple-choice questions covering the foundational content on LGBTQ+ Health. The second assessment was the final examination, composed of vignette-based short essay questions requiring learners to integrate the foundational content with the themes, portrayals, and commentary provided via the assigned films and by the providers from the visiting organizations. All examination items were mapped to the course learning objectives (Table 1).

Discussion

Initiatives to improve LGBTQ+ health education in the setting of health professional training have found variable success. In general, these efforts have focused on identifying barriers and gaps in existing curricula, with generation of new learning elements in an effort to remedy them [2, 18, 19]. Through LGBTQ+ Health, we propose a change to this paradigm, in the form of a curriculum that can introduce and help to foster

understanding of the unique health issues of LGBTQ+ patients in advance of formal training in the health professions.

The design of our individual course sessions required a careful balance between addressing a topic in sufficient detail to achieve understanding and gearing the depth of coverage to the needs of the undergraduate learners who were the focus of our efforts. A notable example related to the sessions that addressed HIV-AIDS, for which discussion of therapeutics was a challenging but integral component. Detailed examination of the specific pharmacokinetics and mechanisms of the agents comprising pre-exposure prophylaxis (PrEP) would have risked inaccessibility for students lacking a substantive background in biology. We instead guided the discussion leaders to focus on the impact of patient-centered communication about the risks, benefits, and critical importance of adherence to PrEP. We proceeded similarly on the topic of barriers intrinsic to the clinical environment. Rather than delving into the scientific background and methods of analysis of implicit bias testing, we encouraged exploration of the inadvertent and potentially caustic impact of micro-aggressions in and outside the medical setting. Whether deriving its core content from text or film media, each discussion maintained a learner-centered approach with explicit connection of each concept to care provision.

Our initial experiences with "LGBTQ+ Health" have provided us several insights relevant to further development of its learning elements. All nine learners completed the course successfully, with anecdotally reported benefits in their understanding and appreciation of the array of LGBTQ+ healthcare-related topics, and with a corresponding strong performance on the assessments utilized for their course grade. For future iterations of the course, the collection of learner data for quantitative study would provide us a means of appraising the curriculum's impact with greater detail. In particular, longitudinal study of course participants who ultimately pursue one of the health professions would allow evaluation of the subjective and objective impact of introducing them to LGBTQ+ health concepts in advance of their formal training, as one of the central motivating factors for creating the course.

While the previously reported challenges with implementation of LGBTQ+ health-related content were a motivating factor for our focus on undergraduate students, we fully intend to explore options for extending our course to medical and additional health science professional students. Expanding the curriculum to include these learners could take the form of a separate course, with expanded, increasingly advanced objectives. Alternately, the course could take the form of a joint experience, where undergraduate and health science students would participate together. This format may enrich the content discussions, through a greater diversity of experiences in and out of the clinical setting, and through the potential synergistic gains of peer-to-peer teaching. Particularly in the setting of health professional student involvement, there

would be an increased emphasis on demonstrable skills. The addition of standardized patient encounters has shown evidence of benefit in this regard and would allow a greater depth of engagement of the LGBTQ+ health concepts through simulated application of the concepts addressed [20–22]. Our assessments would require expansion in a complementary fashion, beyond the written exam-based assessments of competence in place for the course's first iteration, to include the objective structured clinical evaluation (OSCE) format. Regardless of format and learner group composition, our course will not be intended to take the place of direct application of skills in the actual clinical setting for LGBTQ+ patients, but rather, to support development of the cultural competence that may allow these skills to be cultivated and applied with the most impactful, patient-centered effect.

Conclusion

LGBTQ+ health is increasing in representation and recognition of importance in health science education, but is in need of further study to determine the timing and method of implementation that will optimize learner gain. "LGBTQ+ Health" was designed for undergraduate learners without medical or other formal health professional training. By reporting on our novel course's development and competency-based design, we hope to provide insights and perspective for further study of the potential benefits of LGBTQ+ health education for a broader, previously untargeted learner group.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflicts of interest.

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